

<b>DECLARATION FOR UTILITY OR DESIGN</b> <b>PATENT APPLICATION</b> <b>(37 C.F.R. 1.63)</b> <b>COMBINED WITH POWER OF ATTORNEY</b>	Attorney Docket No.	8717MC
	First Named Inventor	Michael Philip Clark
	<b>COMPLETE IF KNOWN</b>	
	Application Number	
	Filing Date	September , 2003
	Group Art Unit	
	Examiner Name	
	Confirmation Number	

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled 6,7-Dihydro-5H-Pyrazolo[1,2-a]Pyrazol-1-Ones Which Control Inflammatory Cytokines

the specification of which

(check one) ☒ [x] is attached hereto.  
☐ [] was filed on \_\_\_\_\_ (MM/DD/YYYY) as United States

Application No. or PCT International Application Serial No. \_\_\_\_\_  
and was amended on \_\_\_\_\_  
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

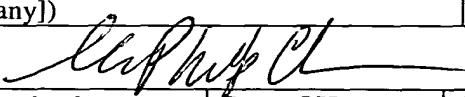
I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed:

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

I hereby appoint Practitioners at Customer Number 27752 as my/our attorneys(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Direct all correspondence to Customer Number 27752.

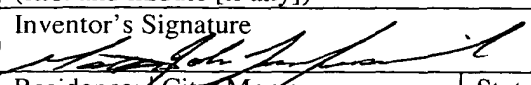
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<b>NAME OF SOLE OR FIRST INVENTOR:</b>			
Given Name Michael Philip (first and middle [if any])		Family Name Clark Or Surname	
Inventor's Signature 		Date 9-11-2003	
Residence: City Loveland	State OH	Country USA	Citizenship USA
Mailing Address: 10563 S. State Lroute			
City Loveland	State OH	Zip (or Postal Code) 48 45140	Country USA

# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

(continued)

Attorney Docket No. 8717MC

<b>NAME OF SECOND INVENTOR:</b>			
Given Name Matthew John (first and middle [if any])		Family Name Lauferweiler Or Surname	
Inventor's Signature 		Date 9/11/2003	
Residence: City Morrow	State OH	Country USA	Citizenship USA
Mailing Address: 6590 Black Forest Court			
City Morrow	State OH	Zip (or Postal Code) 45152	Country USA

<b>NAME OF THIRD INVENTOR:</b>			
Given Name (first and middle [if any])		Family Name Or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address:			
City	State	Zip (or Postal Code)	Country

<b>NAME OF FOURTH INVENTOR:</b>			
Given Name (first and middle [if any])		Family Name Or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address:			
City	State	Zip (or Postal Code)	Country

<b>NAME OF FIFTH INVENTOR:</b>			
Given Name (first and middle [if any])		Family Name Or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address:			
City	State	Zip (or Postal Code)	Country